

Stone (I. S. Stone, M. D.)

WASHINGTON, D. C.

One Hundred Operations for
Severe Structural Disease
of the Abdominal and
Pelvic Organs of
Women.

BY

I. S. STONE, M. D.,

WASHINGTON, D. C.,

Clinical Prof. Gynecology, Georgetown University, D. C.;
Member Va. Med. Soc.; The American Med. Assn.;
Southern Surgical and Gynecological Assn.; Fellow
of the British Gynecological Society; Member Med.
Soc. and Med. and Surgical Soc., D. C.; Senior Sur-
geon to Columbia Hospital for Women, D. C.

REPRINTED FROM

The New York Medical Journal

for October 21, 1893.



presented by the author



ONE HUNDRED OPERATIONS
FOR SEVERE STRUCTURAL DISEASE OF
THE ABDOMINAL AND PELVIC ORGANS OF WOMEN.*

BY I. S. STONE, M. D.,
WASHINGTON, D. C.

THE author has adopted the usual method of surgeons in reporting cases as they occur in practice. It is also convenient, as it furnishes one an opportunity to take into consideration the propriety of methods and an inventory of results. The present list includes my work in this department from November, 1888, until the end of February, 1893. By far the greater part of this surgery has been done in Columbia Hospital in this city, where excellent facilities are afforded.

It is the rule in this hospital to call a consultation of the staff to determine if the case in question be a suitable one for operation. It is not my purpose to consider here the advisability of this rule, but one very excellent purpose is accomplished by it—*i. e.*, the prevention of unnecessary surgery. There can be only slight danger of a charge of too frequent use of the knife or of undertaking

* Read before the First Pan-American Medical Congress.

too many easy operations, although there is danger of disadvantage to the patient from delay. On the other hand, it is the custom to operate only when life is in danger, or when the patient is no longer able to work, and when definite and generally extensive disease can be discovered by any one not necessarily an expert in pelvic examination.

The list shows how large a proportion of cases of pelvic abscess, or tubo-ovarian abscess, have been treated. On the other hand, it may be seen how rarely have operations been performed for "oophoritis," salpingitis, etc. Again, it may be observed how seldom operation has been done early enough to find only "pyosalpinx." In but six cases in forty-four, where pus was present, could it be said that the disease had not extended beyond the tube. These were not necessarily recent cases, for they were in some instances still "pyosalpinx" after years of waiting and suffering, and good, bad, and indifferent treatment. The rule is nearly correct, however: first elytritis or endometritis, then salpingitis, pyosalpinx, tubo-ovarian abscess, and pelvic abscess. The period of time required to accomplish these steps in the formation of a pelvic abscess differs greatly, and bears intimate relation to the cause of infection. Of this I shall not write at present.

Pelvic Abscess.—Seventeen cases of pelvic abscess were treated by radical operation, with five deaths. Of the seventeen, seven resulted from infection during or following abortion. In four, quite positive evidence of gonorrhœa was ascertained to have been the cause of infection and suppuration. In four, the abscess formed soon after delivery at term, and was due to puerperal sepsis. The source of infection in the remaining cases could not be ascertained.

The amount of pus in these cases varies greatly, from

a small quantity to a quart or more. The quantity of pus does not always indicate the extent of disease or bear direct relation to the prognosis.

In more than one case the remnants of ovaries and tubes removed were but slight evidence of the severity of the operation, or the very critical condition of the patient. In not one case could the pus have been reached satisfactorily by aspiration.

The list includes—with two exceptions—all cases of pelvic abscess occurring in my service during two years. In one of the cases, not mentioned, occurring in a private patient, the abscess was low enough to be reached by vaginal incision and drainage. She recovered and improved greatly, notwithstanding the presence of the diseased appendages, which remain and threaten a repetition of the suppuration on the other side. In the other *exception* the patient would not consent to operation when requested, left the hospital, and returned in a week ill with peritonitis, which was not relieved by vaginal incision or later by abdominal flushing. The operation in nearly every case involved the separation of omental adhesions from the anterior abdominal wall, as well as from the uterus, bladder, and upper wall of the abscess and intestines. In at least two the omentum was tied off entirely across the lower border.

The abscess wall consists of Fallopian tube, ovary, broad ligament, pelvic wall, omentum, mesentery, uterus, and Douglas's *cul-de sac*, and involves the bowel in some instances nearly to the umbilicus. In no case was the pus found within the broad ligament. The tube and ovary, having been the first to receive the infection, are generally distorted and even disorganized, in some instances forming but a small portion of the abscess wall.

No. 67, a pyæmic mesenteric abscess, had developed

without apparent infection of either tube or broad ligament.

Result of Operation in Pelvic Abscess.—Severe shock generally follows an operation in each case. This has been anticipated as far as was possible by the administration of heart tonics and stimulants. Usually an hour is required to complete the operation in so formidable an undertaking. The temperature is generally reduced by section, and is often subnormal and very unreliable, as it fails to indicate correctly the extent of sepsis or inflammation. The pulse is generally quick, often reaching 140 or more, and is indicative of shock and exhaustion.

These symptoms of shock may continue for two or even three days; then, if the bowels are open, the patient rapidly recovers.

With the exception of the opium habit in one case, which was formed during the many months of suffering the poor woman experienced prior to section, I know of nothing but perfect results in the cases of patients surviving laparotomy for pelvic abscess.

One woman has, since her recovery, returned to the lying-in department of the hospital and safely given birth to a child at term.

Pyosalpinx, Tubo-ovarian Abscess, Hydrosalpinx, Cystic Ovaries.—In twenty-seven of this list of thirty-four cases pus was present and poured out of the abdominal incision when the pus sac was ruptured, or when the separation between the distal extremity of the tube and the ovary occurred, which often happens when a tubo-ovarian abscess is removed. In the other cases no free pus was present. Two of these were purely hydrosalpinx with cysts of the corresponding ovary. The others were large cysts of the ovary, in one instance containing a pint of fluid. In each case the contents were regarded as infectious. The infec-

tion in each case had entered the tube and been communicated to the ovary through the uterine mucosa. No positive evidence of tubercle could be ascertained in any case.

In thirteen the disease was a result of gonorrhœal infection. In the other pus cases infection was nearly always found due to septic abortion. In a few no cause could be ascertained.

A rise of temperature was observed in nearly every pus case prior to section. The pulse was generally quick, and pelvic examination revealed pelvic peritonitis with the ever-present fixation of the uterus and more or less distinct masses on either side of the uterus or filling the pelvis entirely.

Immediate Result.—In this list two deaths occurred. The first was due to an unsuspected pyæmic uterus from a “missed abortion.” The patient had only a cystic ovary removed and did not have pyosalpinx. The other death was due to shock following section. This patient, a German Jewess of poor intelligence, had previously been treated in the hospital for mammary abscess. She was discharged well. In a week she was back with a severe attack of peritonitis, feeble pulse, great pain, and high temperature. She improved again, and when an operation was finally determined upon another attack of peritonitis occurred which the operation failed to relieve. The favorable moment in this case was lost. The patient resisted every measure taken for her relief and insisted upon vomiting or otherwise discharging all food and medicine given for her relief. There should be hardly any mortality in these cases.

Final Result.—However much disputation there may be as to the propriety of abdominal section for nervous or mental disease due to ovarian degeneration or irritation, there can be very little plausible objection to operations

for pus. The final result is, as a rule, very satisfactory. Some women have all the symptoms due to menopause after the removal of large ovarian abscesses which have existed for months, and which leave no visible remnant of the ovary to be recognized as such. There may be a mere shell or thin sac left, yet menstruation may continue at regular intervals before and after the operation.

These consequences, of however great importance, should not and do not deter the surgeon who operates to save life or even to prevent invalidism. I am quite of the opinion that no surgery is of more importance, or attended with better results in every way, than that for the suppurative pelvic disease of women.

Nos. 21, 35, and 50 required a second operation in each instance. No. 21, a blood cyst of the ovary, right side, was removed with great difficulty. The left ovary was so small and concealed by adhesions that I could not find it. It grew to form another blood cyst, which I removed some months later. No. 78: I found the viscera transposed in this case, the appendix on the left side.

No. 35 had oophorectomy done, removal of hydrosalpinx, etc., for menorrhagia and pain, and afterward required vaginal hysterectomy for sarcoma of uterus.

No. 50: a sinus opened up and infected ligature removed, which was used in tying off a small myoma attached to the fundus uteri.

With the above-mentioned exceptions, I know of nothing in any of these cases but a perfect result.

The author rarely finds a case for operation in the stage of primary inflammation. If surgeons generally can detect a salpingitis early enough to prevent a gonorrhœal infection of the peritonæum by a resort to salpingectomy, such practice I should consider correct, but it has not been my experience to find these cases in hospital or even other

practice. The suppurative stage is reached and the case is no longer one requiring hot douches, iodine applications, etc., but demands surgical treatment. In short, I consider salpingitis of infectious character of short duration, and not often do many days elapse before pus has formed, when it is practically no longer a salpingitis but a pyosalpinx—an abscess.

Oophorectomy for Myoma.—As may be seen in the summary, only twice have I operated with the intention of checking the growth of uterine myomata. In one case—in a young lady—the operation was easily done and gave a very good result. The tumor is not growing and her mental condition, which was very greatly disturbed, has improved until, in fact, she is quite well. She ceased to menstruate, and I think the operation will prove a success.

In the other case a negress had a large pelvis-bound myoma with suppurating tubes and ovaries, which were with great difficulty removed. The patient had unexpected mania for two weeks, beginning a week after the operation. She recovered from the operation and returned to her home, lived about a year longer, and I have not learned the cause of her demise. This case is the only one in which I have considered the removal of the tumor an impossibility. It is probable that the patient would have died under the operation had entire removal been attempted.

Vaginal Hysterectomy.—Only three cases of uterine carcinoma were thought favorable for complete extirpation. In nearly every case sent me by physicians the disease was found already too far advanced to hope for a complete extirpation and eradication of the disease.

My earlier experience (1886 to 1888) with this operation was confined to cases of which I can say nothing but that it was not good practice to attempt complete extirpation in such advanced disease.

In one case (No. 81) the uterus was removed for proci-dentia.

Silk ligatures were used in each case. The operation is quite an easy one, and should be frequently performed if cases are found sufficiently early. In each case the recovery was comparatively uneventful. One case required the combined abdominal and vaginal method, the bladder being torn in the operation, it being apparently softened by disease. It was immediately sutured, and the patient had perfect healing in every respect before she left the hospital.

Batley's Operation.—In all cases where the ovaries were removed for the purpose of curing pain, producing an artificial menopause, or preventing impending insanity, it has been the unvarying custom of the author not only to have careful consultation with his *confrères* as to the propriety of the operation, but to know beyond a reasonable doubt that other means of cure have been satisfactorily tried. In nearly every case, in addition to this, some abnormal condition—such as enlargement, prolapse, or other result of chronic disease—was discovered before the operation. Five cases of this list come under this heading. All the patients recovered from the operation. One of them, operated on for incipient insanity, recovered well and has been able to attend to the duties of her profession constantly since that time. Another, the second, appeared greatly benefited at first, but in six months committed suicide. I regret to say that I was deceived in this case by the friends and physician of the patient, who failed to tell me of her previous attack of insanity. A third case was not in the least influenced by a double salpingo-oophorectomy (one ovary being quite large from cystic degeneration).

The other patients had suffered great pain, and were anxious to have something done for them at any risk, and, although the operation was done after due trial of other

remedies and because some disease was believed to have been present, yet it was attended with but poor result, as they are (two of them) still complaining.

Uterine Myomata.—Eleven supravaginal hysterectomies for myoma, with three deaths. One death was due to hemorrhage from a wounded mesentery in a case of complete extirpation (tumor, twenty pounds). The two other patients died of shock and obstructed bowels, with very little evidence of peritonitis, five days after the operation. Three operations were completed by using the wire clamp; one death occurred. Three by the ventrofixation method; one death. Four by complete extirpation; one death. One large, soft, parasitic myoma, operated upon by the Schroeder method, ended in recovery.

My experience leads me to the conclusion that if operators select only such cases as are no longer able to work, and who have very large tumors with great pain—which is almost positively due to severe complications—just so long will the mortality from hysterectomy be high. *Per contra*, if a diagnosis could be made while the growth is still within the pelvis, and the patient sent to the surgeon for operation before complications—adhesions to viscera, etc.—arise, the mortality would be greatly reduced.

In nearly all of my cases severe difficulties were encountered which greatly prolonged operation, and to this I attribute the mortality. Of the eleven hysterectomies, nine were done for colored women. Two patients were white and made good recoveries. This shows a death-rate in negresses of thirty-three per cent. I do not consider them good subjects for surgery.

Hysterorrhaphy (Ventrofixation).—This operation was done in seven cases for prolapse or retro-displaced uteri, and in two of them prolapsed, adherent, or diseased ovaries were removed. One death occurred which should be charged

against the operator or assistants, not the method. In this case a diseased and prolapsed ovary was removed without thought of infecting the cavity of the peritoneum, yet peritonitis quickly developed and carried off the patient. I have abandoned Alexander's operation for ventrofixation. The latter operation is easy of performance and should give no mortality. Three buried silkworm-gut sutures are used to anchor the uterus to the abdominal wall, which in each case have given no trouble and perfectly satisfactory results.

The author has given the names of physicians as reference who were formerly or are at present either the medical attendant or who know the history of the patient since operation. He also takes pleasure in inviting any who desire full particulars of any case herein mentioned to call upon Dr. J. T. Kelly, resident physician of Columbia Hospital, my valued and very competent assistant, who will answer any inquiry.

No.	Age.	Disease.	Cause.	Result.	Drainage.	Remarks.	Date.	Reference.
1	37	Salpingitis, ovaritis, etc.	Pelvic peritonitis.	Recovery.	Yes.	Had been an invalid for years.	11, 24, '88	Dr. Hicks.
2	26	Tubercular peritonitis.	Tubercular appendages.	Died, five days.	"	Repeated attacks of peritonitis for years.	12, 15, '88	I. S. S.
3	27	Tubercular kidney.	.....	Recovered from operation.	"	Nephrotomy.	11, 17, '88	I. S. S.
4	38	Hysteria, incipient insanity.	Suspected ovarian disease.	Improvement, satisfactory result.	No.	Salpingo-oophorectomy; patient attends to usual duties.	7, 5, '89	I. S. S.
5	33	Hysteria, menorrhagia, pelvic pain.	Cystic ovaries.	Cure.	"	Salpingo-oophorectomy.	11, '89	Dr. Christian.
6	35	Menorrhagia, impending insanity.	"	First, improvement; suicide later, six months.	"	"	6, 16, '90	I. S. S.
7	35	Ovarian cyst, fifteen pounds.	Dermoid.	Recovery.	Yes.	Many slight adhesions.	7, '90	Dr. Taylor.
8	29	Cyst of ovary.	.....	"	"	Cyst ten ounces; omental adhesions.	9, 11, '89	I. S. S.
9	40	Myoma uteri.	In negress.	"	No.	Wire clamp.	11, '90	Dr. Hoge.
10	30	"	"	"	"	Ventro-fixation; ten pound growth.	5, '91	Columbia Hospital.
11	40	"	"	Sinus left from ligature.	"	Sinus permits pseudo-menstruation from stump of uterus.	6, 1, '91	Do.
12	45	"	"	Recovery from operation.	"	Twenty-pound tumor adherent to everything; patient in <i>extremis</i> several days; recovery from operation. Mental condition very unsatisfactory before and after operation.	6, 11, '91	Do.
13	35	Parasitic soft myoma, eighteen pounds.	White patient.	Perfect cure.	Yes.	Dropped pedicle, which was from right broad ligament; only a small slender pedicle from original uterine origin, near fundus. Patient had been an invalid for several years.	6, 18, '91	I. S. S.
14	32	Retroflexion, disorganized appendages.	Old chronic inflammation.	Recovery.	No.	Improvement in health; now able to work.	7, 2, '91	Dr. Gott.
15	30	Hysterio-epilepsy, pelvic pain, large ovary, salpingitis.	Pelvic peritonitis.	Cure of pelvic pain, not of neuritis; improvement.	"		7, '91	Columbia Hospital.
16	28	Pelvic abscess.	Puerperal infection at term.	Recovery.	Yes.	Patient sick eight months (septicæmia) before operation.	8, '91	Do.
17	..	Extra-uterine pregnancy.	.....	Died.	....	Patient in collapse all day before operation. Fourth month, hemorrhage outside sac without rupture.	9, '91	Do.
18	20	Suspected tubercular peritonitis.	.....	Recovered from operation and symptoms improved.	Yes.	Exploratory operation.	9, '91	Do.
19	32	Pyosalpinx, chronic salpingitis and ovaritis.	Pelvic peritonitis.	Recovery.	No.	Extensive adhesions.	10, 5, '91	Dr. Carr.
20	..	Pyosalpinx.	Gonorrhœa.	"	"	Tubes like sausages.	10, 15, '91	Columbia Hospital.
21	30	Blood cyst of ovary.	.....	Temporary relief.	Yes.	Patient did well for a time, then returned (see No. 78). One ovary not found.	10, 26, '91	Dr. Moran.
22	46	Fibro-myoma uteri, eighteen pounds.	Negress.	Died fifth day, shock; bowel obstruction, acute yellow atrophy of liver.	"	Ventro fixation; myonata in both broad ligaments.	11, 9, '91	Columbia Hospital.
23	30	Pelvic abscess, many ounces of pus.	Gonorrhœa.	Died fifth day, uræmia.	"	No peritonitis after operation; nephritis from specific infection.	11, '91	I. S. S.
24	21	Pelvic abscess.	Gonorrhœa.	Recovery, sinus from ligature; afterward closed.	"	Appendages and entire pelvis filled with pus.	11, '91	I. S. S.
25	35	"	"	Recovery.	"	Tumor nearly to umbilicus.	11, 30, '91	Do.
26	32	"	Abortion, infection.	Died twenty-four hours, shock.	"	.....	12, '91	Do.
27	34	Cyst of ovary.	.....	Recovery.	No.	Cyst filled pelvis; everywhere adherent.	1, 4, '92	Do.
28	30	Pyosalpinx.	Gonorrhœa.	"	"	Tubes like sausages; patient ill sixteen years.	1, 7, '92	Dr. Ritchie.
29	24	Hydrosalpinx.	"	"	"	Chronic pelvic peritonitis.	1, 18, '92	Columbia Hospital.
30	27	Pelvic abscess.	Abortion.	"	Yes.	Tumor-like fibroid of uterus to umbilicus.	2, 4, '92	Do.

No.	Age.	Disease.	Cause.	Result.	Drainage.	Remarks.	Date.	Reference.
31	40	50-lb. double ovarian tumor (multiloc. broad lig. cyst).	.....	Recovery from operation.	Yes.	In nine months abscess formed under broad ligament (see No. 74).	2, 8, '92	Columbia Hospital.
32	24	Pyosalpinx, tubo-ovarian abscess.	.....	Recovery.	"	Pelvic organs all adherent <i>en masse</i> .	2, 10, '92	Dr. Bowen.
33	25	Pyosalpinx.	Gonorrhea.	"	No.	Easy operation and recovery.	2, 15, '92	Columbia Hospital.
34	19	Pelvic abscess.	Abortion.	Died.	Yes.	Shock, third day.	2, 17, '92	Do.
35	25	Hydrosalpinx, menorrhagia.	.....	Recovered.	No.	Patient had uterus removed afterward for sarcoma (see No. 80).	2, 22, '92	Do.
36	36?	Insanity, cystic ovary.	.....	Recovered from operation easily; mental symptoms not improved.	"	Patient in asylum.	2, 24, '92	I. S. S.
37	40	Ascites.	Movable kidney.	Recovery.	Yes.	Movable kidney not suspected until abdomen was opened.	2, 24, '92	Columbia Hospital.
38	50	Dermoid cyst of ovary, twelve pounds.	.....	"	"	Cyst ruptured a month before operation, everywhere adherent; twisted pedicle; nephritis.	2, 27, '92	Dr. Frost.
39	23	Cystic ovaries, retroflexion and old salpingitis.	.....	"	No.	Operation very difficult, owing to adhesions.	2, 29, '92	Columbia Hospital.
40	..	Cystic ovaries.	.....	"	"	Ovaries size of hen's egg.	3, 2, '92	Do.
41	..	Fibro-myoma uteri, twenty pounds.	Negress.	Died third day, shock.	"	Extra-peritoneal method.	3, 5, '92	I. S. S.
42	27	Tubo-ovarian abscess.	Gonorrhea.	Recovery.	Yes.	Bowel involved, fimbria adherent to intestine; necrosis.	3, 7, '92	Dr. C. G. Stone.
43	28	Myoma uteri, pyosalpinx (pus sacs removed).	Negress?	Recovered from operation.	No.	Patient had mania after operation; the tumor was not removable; patient died about a year later.	3, 19, '92	Dr. Gibson.
44	20	Prolapsus uteri and ovary.	Nullipara?	Improved.	"	Hysterorrhaphy.	3, 28, '92	Columbia Hospital.
45	..	Pelvic abscess.	Abortion, gonorrhoea.	Recovery.	Yes.	Omentum, bowel, appendages glued together and large quantity pus present.	4, 9, '92	Do.
46	40	Cyst of left kidney, forty-eight ounces.	Blood cyst.	"	"	First suspected sarcoma, but no recurrence; patient perfectly well; sutured sac to abdominal wall.	4, 16, '92	Do.
47	20	Pelvic abscess.	Puerperal septicaemia.	Recovery; patient insane for a time after return home.	"	The only fecal fistula in my first hundred cases; fistula closed spontaneously; patient well.	4, 20, '92	Dr. Ewing.
48	24	Pelvic abscess, from puncture or rupture of uterus.	Infection by midwife.	Recovery.	"	Intestinal necrosis; many sutures required; easy recovery after second day.	4, 30, '92	Dr. Moran.
49	38	Unsuspected septic uterine contents (abortion), cystic ovary removed.	Abortion, pyæmia.	Died thirty days.	No, not at first; afterward gauze.	The uterus was large, very pale, and soft, but did not know its contents at time of operation.	5, 7, '92	Dr. Smith.
50	..	Pyosalpinx, tubo-ovarian abscess.	Infection.	Recovered.	Yes.	Small fibroid removed from fundus uteri; infected sinus, afterward ligature removed.	5, 9, '92	Columbia Hospital.
51	40	Pelvic pain, uterine prolapse.	Cystic ovaries; relaxed ligaments.	Recovered from operation easily; improvement in health not well.	"	Chronic neurasthenia.	5, 11, '92	Dr. Nourse.
52	24	Pyosalpinx, cystic ovaries.	Gonorrhea.	Recovered.	Yes.	.....	6, 11, '92	Columbia Hospital.
53	26	Pyosalpinx, tubo-ovarian abscess.	"	Recovery.	"	Several ounces of pus.	6, 15, '92	Do.
54	26	Fibro-myoma uteri size of large coconut, mental symptoms.	.....	Mind quite restored; tumor greatly lessened in size at present time.	No.	Salpingo-oophorectomy; easy operation and recovery.	6, 18, '92	I. S. S.
55	32	Tumor of gall-bladder size of large orange.	Gall stones.	Many stones found, sinuses remained since closed.	Yes.	Patient returned, and further search for stones (4, 15, '98); cured.	6, 18, '92	Dr. C. G. Stone.
56	..	Retroflexion of uterus, pain and dyspareunia.	.....	Uterus in good position, not otherwise quite well.	No.	A cyst of ovary excised, sepsis of wound; no pelvic pain at present.	6, 11, '92	I. S. S.
57	45	Large myomatous tumor, 20 lbs., filling entire cavity; pregnancy, 4th month, not suspected.	Negress.	Died third day, hemorrhage from mesentery.	Yes, tube and gauze.	(Complete extirpation; easily done save for attachments to mesentery, which were severely injured.	6, 29, '92	Columbia Hospital.

No	Age	Disease.	Cause.	Result.	Drainage.	Remarks.	Date.	Reference.
58	35	Sarcoma uteri, entire uterus involved; tumor nearly to umbilicus, five pounds.	Patient had an intra-uterine fibroid removed a year previous; recurrence eight months afterward.	Recovery without incident ten months since; better health than for years.	Yes, tube and gauze.	Complete extirpation of uterus, ovaries, etc.; patient has gained many pounds of flesh.	7, 13, '92 Patient still well, September, 1893.	Dr. Ames.
59	..	Pyosalpinx, one fimbria attached to intestine; necrosis and danger of rupture; omentum necrotic and large amount of it removed.	Infection.	Recovery from operation, and last report quite well.	Yes, tube and gauze packing.	The tube had adhered to bowel as high as crest of ilium, six inches from cornua of uterus.	7, 20, '92	Dr. Smith.
60	60	Cancer of uterus.	.....	Recovery; bladder involved, afterward closed; well nearly one year after.	Yes, <i>per vaginam</i> .	The growth was not primarily of cervix, but of middle portion at and above the internal os.	7, 28, '92	Dr. Hicks.
61	23	Suspected hemorrhage, intra-abdominal.	Abortion.	Recovery without incident.	No.	Patient in collapse when brought in hospital; amount of blood very uncertain, hence the exploratory opening.	9, 1, '92	Columbia Hospital.
62	..	Intra-abdominal hemorrhage.	Suspected extra-uterine pregnancy. After removal of small fibroid ligature infected.	Recovery.	Yes.	Abdomen distended with blood; no fetus found.	9, 3, '92	Do.
63	..	Old sinus, from infected ligature (see No. 50).	.....	Sinus closed.	No.	.....	9, 10, '92	Do.
64	..	Suspected pyonephrosis or calculus of ureter, cystitis.	.....	Nothing found.	"	Patient had been an invalid, and hence the exploration.	9, '92	Do.
65	..	Pyosalpinx, tubo-ovarian abscess.	Infection.	Recovery.	Yes, gauze and glass tube.	Aristol over adhesions; perfect result.	9, 17, '92	Do.
66	23	Pyosalpinx.	Gonorrhoea.	"	Yes.	Normal recovery.	9, 22, '92	Do.
67	28	Pyemic abscess, limited to bowels and mesentery.	Abortion, sepsis.	Died third day.	"	Operation had no effect in minimizing sepsis; tubes not enlarged.	9, 24, '92	Dr. C. G. Stone.
68	32	Myoma uteri, twelve pounds.	Negress.	Recovered.	"	Complete extirpation.	10, 12, '92	Columbia Hospital.
69	32	Ovarian cyst, fifteen pounds.	.....	"	"	Multilocular cyst.	10, 8, '92	Dr. Walsh.
70	33	Pelvic abscess, size of cocoanut; right tubo-ovarian abscess.	Puerperal septicaemia, eleven months since last child.	"	Yes, gauze and tube; much hemorrhage.	This case was in a morphia habitué; critically ill for a week after section.	10, 12, '92	Dr. Beatty.
71	33	Pelvic and ovarian pain, cystic ovary, right side removed.	.....	Recovered from operation, symptoms as before.	No.	Neurasthenic case.	10, 22, '92	Dr. Speiden.
72	..	Retroluxion, cystic ovary removed.	.....	Recovery.	"	Hysterorrhaphy, ovary prolapsed and held under the uterus.	10, 22, '92	Columbia Hospital.
73	..	Pelvic abscess, opened prior to operation.	Abortion.	"	Yes.	Disorganized appendages.	10, 26, '92	Do.
74	40?	Pelvic abscess, extraperitoneal.	"Adenoid" growth below broad ligament.	Died two days, shock and sepsis.	"	See case No. 31. Had ovariotomy done, both broad ligaments removed.	10, 29, '92	Do.
75	39	Old salpingitis and ovaritis.	Pelvic peritonitis.	Recovery.	No.	Uneventful recovery.	11, 5, '92	Dr. Love.
76	19	Congenital displacement of ovaries, salpingitis.	.....	"	"	Bathey operation; normal convalescence.	11, 5, '92	Columbia Hospital.
77	21	Pelvic abscess, septic peritonitis.	Abortion, sepsis.	Died, shock, third day.	Yes.	Should have merely washed out abdomen instead of completing operation (forty minutes).	11, '92	Do.
78	..	Blood cyst of ovary, transposition of viscera.	Pelvic peritonitis.	Recovered from operation.	"	Appendix found on left side; general adhesions throughout pelvis, including intestines, uterus, bladder, etc.	11, 12, '92	Dr. Moran.
79	26	Suspected abdominal pregnancy, high temperature, hemorrhage from bowels, etc.	Relaxation of uterus gave effect of child floating in abdominal cavity.	All symptoms subsided; subsequent delivery <i>per vias naturales</i> .	No.	Temperature to 105° day before section; two discharges of blood from bowels; patient had been cured and cervix closed since pregnancy suspected.	11, 13, '92	Dr. Walsh.
80	..	Uterine hemorrhage, sarcoma uteri, previous operation (see No. 35).	.....	Recovered from operation.	Yes.	Patient still has some vaginal hemorrhage. (Since the above, patient well.)	11, 17, '92	Columbia Hospital.
81	25	Procidencia, cysto-rectovcele.	Excessive childbearing.	Perfect result.	No.	Hysterorrhaphy, ventro-fixation.	11, 19, '92	Do.

			Recovery unevent- ful.	Yes.	Twisted pedicle.	2, '5, '93	Dr. Batson.
95	Ovarian tumor, twenty pounds.		Recovery.	"	Complete extirpation by abdominal method.	2, 11, '93	Columbia Hospital.
96	Myoma uteri, four pounds.	Negress.	"	"		2, 15, '93	Dr. C. G. Stone.
97	Tubo-ovarian abscess, pyosalpinx.	Gonorrhoea.	"	"	Patient had been ill since first attack of gonorrhoea; result far better than expected; complete and satisfactory cure.	2, 20, '93	Columbia Hospital.
98	Tubo-ovarian abscess, pyosalpinx.	"	"	"			
99	30 Retroflexio uteri, cystic right ovary.		Died.	No.	Patient unexpectedly developed peritonitis and died; the cystic ovary may have infected the peritoneum.		Do.
100	.. Retroflexion, salpingitis, ovaritis, etc.	Excessive childbearing.	Recovery.	"	Hysterorhaphy; salpingo-oophorectomy.		Do.

Summary.

	Cases.	Deaths.		Cases.	Deaths.
Pelvic abscess.....	17	5	Vaginal hysterectomy.....	4	..
Extraperitoneal abscess.....	1	1	Oophorectomy for uterine myoma.....	2	..
Pyæmic intra-abdominal abscess.....	1	1	Old sinus.....	1	..
Tubo-ovarian abscess.....	21	1	Cholelithotomy.....	1	..
Pyosalpinx.....	6	..	Cyst of kidney.....	1	..
Hydrosalpinx.....	2	..	Nephrotomy.....	1	..
Cystic ovary (pyæmic uterus).....	1	1	Extra-uterine pregnancy.....	1	1
Cystic ovaries (infectious).....	3	..	Abdominal hæmorrhage.....	1	..
Ovarian tumor.....	6	..	Battley's operation.....	5	..
Myoma uteri.....	11	3	Tubercular peritonitis.....	1	1
Hysterorhaphy.....	7	1	Total.....	100	15
Exploratory section.....	5	..			
Inguinal hernia.....	1	..			

The New York Medical Journal.

A WEEKLY REVIEW OF MEDICINE.

EDITED BY

FRANK P. FOSTER, M.D.

THE PHYSICIAN who would keep abreast with the advances in medical science must read a *live* weekly medical journal, in which scientific facts are presented in a clear manner; one for which the articles are written by men of learning, and by those who are good and accurate observers; a journal that is stripped of every feature irrelevant to medical science, and gives evidence of being carefully and conscientiously edited; one that bears upon every page the stamp of desire to elevate the standard of the profession of medicine. Such a journal fulfills its mission—that of educator—to the highest degree, for not only does it inform its readers of all that is new in theory and practice, but, by means of its correct editing, instructs them in the very important yet much-neglected art of expressing their thoughts and ideas in a clear and correct manner. Too much stress can not be laid upon this feature, so utterly ignored by the “average” medical periodical.

Without making invidious comparisons, it can be truthfully stated that no medical journal in this country occupies the place, in these particulars, that is held by THE NEW YORK MEDICAL JOURNAL. No other journal is edited with the care that is bestowed on this; none contains articles of such high scientific value, coming as they do from the pens of the brightest and most learned medical men of America. A glance at the list of contributors to any volume, or an examination of any issue of the JOURNAL, will attest the truth of these statements. It is a journal for the masses of the profession, for the country as well as for the city practitioner; it covers the entire range of medicine and surgery. A very important feature of the JOURNAL is the number and character of its illustrations, which are unequalled by those of any other journal in the world. They appear in frequent issues, whenever called for by the article which they accompany, and no expense is spared to make them of superior excellence.

Subscription price, \$5.00 per annum. Volumes begin in January and July.

PUBLISHED BY

D. APPLETON & CO., 1, 3, & 5 BOND STREET,
NEW YORK.

